

Child-Adolescent (5 – 15 years old) Items From SIS

[Items drawn from the original AAMR Support Intensity Scale (Thompson et al., 2004)]

INSTRUCTIONS: Given what is known about the Child being evaluated, identify the *Frequency (F)*, *Daily Support Time (DST)*, and *Type of Support (TS)* that is reported necessary for the child to be successful in each activity of the five life areas. Place an “X” in the appropriate square (0-4) for each category (i.e., F, DST, TS).

- This scale should be completed without regard to the services or supports currently provided or available.
- It should reflect the supports that would be necessary for this child to be successful in the activity.
- Not all supports currently provided are necessarily needed; nor should it be assumed that all supports needed are currently provided.

Complete ALL items, even if the child is not currently performing a listed activity. In this case, ask the respondent to use his or her judgment to estimate the Frequency, Daily Support Time, and Type of Support he or she feels would be necessary for the Child to be successful in the activity.

Rating System

PART I. Support Needs Across Life Areas:

- **Frequency (F):** How frequently is support needed for this activity? (0= less than monthly; 1 = monthly; 2 = weekly; 3 = daily or less; 4 = hourly or more frequently)
- **Daily Support Time (DST):** On a typical day when support in this area is needed, how much time should be devoted? (0= None; 1 = <30 minutes; 2 = 30 minutes to less than 2 hours; 3 = 2 hours to less than 4 hours; 4 = 4 hours or more).
- **Type of Support (TS):** What kind of support should be provided? (0= None; 1= monitoring; 2= verbal/gestural prompting; 3= partial physical assistance; 4= full physical assistance).

PART II: Exceptional Medical and Behavioral Support Needs:

- *0 = No Support Needed;*
- *1 = Some Support Needed (i.e., providing monitoring and/or occasional assistance);*
- *2 = Extensive Support Needed (i.e., providing regular assistance to manage the medical condition or behavior).*

NOTE: There are no Norms and the psychometric properties are unknown for this subset of items.

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[Items drawn from the original AAMR Support Intensity Scale (Thompson et al., 2004)]

PART I. Support Needs Across Life Areas

| Part A. Home Living Activities | Frequency | | | | | Daily Support Time | | | | | Type of Support | | | | | Total RS |
|---|-----------|---|---|---|---|--------------------|---|---|---|---|-----------------|---|---|---|---|----------|
| 1. Using the toilet | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 2. Taking care of clothes (includes laundering) | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 3. Preparing food | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 4. Eating food | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 5. Housekeeping and cleaning | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | | | 0 | 1 | 2 | 3 | 4 | |
| 6. Dressing | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 7. Bathing and taking care of personal hygiene and grooming needs | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 8. Operating home appliances | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |

| Part B. Community Living Activities | Frequency | | | | | Daily Support Time | | | | | Type of Support | | | | | Total RS |
|--|-----------|---|---|---|---|--------------------|---|---|---|---|-----------------|---|---|---|---|----------|
| 1. Getting from place to place throughout the community (transportation) | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 2. Participating in recreation/leisure activities in the community settings | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 3. Using public services in the community | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 4. Going to visit friends and family | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 5. Participating in preferred community activities (church, volunteer, etc.) | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 6. Shopping and purchasing goods and services | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 7. Interacting with community members | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 8. Accessing public buildings and settings | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |

Frequency (F): How frequently is support needed for this activity? (0= less than monthly; 1 = monthly; 2 = weekly; 3 = daily or less; 4 = hourly or more frequently)

Daily Support Time (DST): On a typical day when support in this area is needed, how much time should be devoted? (0= None; 1 = <30 minutes; 2 = 30 minutes to less than 2 hours; 3 = 2 hours to less than 4 hours; 4 = 4 hours or more).

Type of Support (TS): What kind of support should be provided? (0= None; 1= monitoring; 2= verbal/gestural prompting; 3= partial physical assistance; 4= full physical assistance).

PART I. Support Needs Across Life Areas

| Part C. Learning Activities | Frequency | | | | | Daily Support Time | | | | | Type of Support | | | | | Total RS |
|--|-----------|---|---|---|---|--------------------|---|---|---|---|-----------------|---|---|---|---|----------|
| 1. Interacting with others in learning activities | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 2. Participating in educational decisions | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 | 4 | |
| 3. Learning and using problem-solving strategies | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 4. Using technology for learning | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 5. Accessing educational settings | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 6. Learning functional academics (reading signs, counting change, etc.) | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 7. Learning health and physical education skills | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 8. Learning self-determination skills | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 9. Learning self-management strategies (e.g., anger management, frustration tolerance) | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |

| Part D. Health and Safety Activities | Frequency | | | | | Daily Support Time | | | | | Type of Support | | | | | Total RS |
|--|-----------|---|---|---|---|--------------------|---|---|---|---|-----------------|---|---|---|---|----------|
| 1. Taking medications | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 2. Avoiding health and safety hazards | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 3. Obtaining health care services | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | | | 0 | 1 | 2 | 3 | 4 | |
| 4. Learning how to access emergency services | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 5. Maintaining a balanced diet | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 6. Maintaining physical health and fitness | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 7. Maintaining emotional well-being | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |

| Part E. Social Activities | Frequency | | | | | Daily Support Time | | | | | Type of Support | | | | | Total RS |
|---|-----------|---|---|---|---|--------------------|---|---|---|---|-----------------|---|---|---|---|----------|
| 1. Socializing within the household | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 2. Participating in recreation/leisure activities with others | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 3. Socializing outside the household | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 4. Making and keeping friends | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 5. Communicating with others about personal needs | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| 6. Using appropriate social skills | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |

Frequency (F): How frequently is support needed for this activity? (0= less than monthly; 1 = monthly; 2 = weekly; 3 = daily or less; 4 = hourly or more frequently)

Daily Support Time (DST): On a typical day when support in this area is needed, how much time should be devoted? (0= None; 1 = <30 minutes; 2 = 30 minutes to less than 2 hours; 3 = 2 hours to less than 4 hours; 4 = 4 hours or more).

Type of Support (TS): What kind of support should be provided? (0= None; 1= monitoring; 2= verbal/gestural prompting; 3= partial physical assistance; 4= full physical assistance).

PART II: Exceptional Medical and Behavioral Support Needs

How much support is needed in these areas?

0 = No Support Needed;

1 = Some Support Needed (i.e., providing monitoring and/or occasional assistance);

2 = Extensive Support Needed (i.e., providing regular assistance to manage the medical condition or behavior).

| <u>Medical</u> | | | | <u>Behavioral</u> | | | |
|--|---|---|---|---|---|---|---|
| Respiratory care | | | | Externally-directed destructiveness | | | |
| Inhalation or oxygen therapy | 0 | 1 | 2 | Prevention of assaults or injuries to others | 0 | 1 | 2 |
| Postural drainage | 0 | 1 | 2 | Prevention of property destruction (e.g., fire setting, breaking furniture) | 0 | 1 | 2 |
| Chest PT | 0 | 1 | 2 | Prevention of stealing | 0 | 1 | 2 |
| Suctioning | 0 | 1 | 2 | | | | |
| Feeding assistance | | | | Self-directed destructiveness | | | |
| Oral stimulation or jaw positioning | 0 | 1 | 2 | Prevention of self-injury | 0 | 1 | 2 |
| Tube feeding (e.g., nasogastric) | 0 | 1 | 2 | Prevention of pica (ingestion of inedible substances) | 0 | 1 | 2 |
| Parenteral feeding (e.g., IV) | 0 | 1 | 2 | Prevention of suicide attempts | 0 | 1 | 2 |
| Skin care | | | | Sexual | | | |
| Turning or positioning | 0 | 1 | 2 | Prevention of sexual aggression | 0 | 1 | 2 |
| Dressing of open wound(s) | 0 | 1 | 2 | Prevention of non-aggressive but inappropriate behavior (e.g., exposes self in public, exhibitionism, inappropriate touching or gesturing) | 0 | 1 | 2 |
| Other exceptional medical care | | | | Other | | | |
| Protection from infectious diseases due to immune system impairment | 0 | 1 | 2 | Prevention of tantrums or emotional outbursts | 0 | 1 | 2 |
| Seizure management | 0 | 1 | 2 | Prevention of wandering | 0 | 1 | 2 |
| Dialysis | 0 | 1 | 2 | Prevention of substance abuse | 0 | 1 | 2 |
| Ostomy care | 0 | 1 | 2 | Maintaining mental health treatments | 0 | 1 | 2 |
| Lifting and/or transferring | 0 | 1 | 2 | Prevention of other serious behavior problem(s) - Specify: | 0 | 1 | 2 |
| Therapy services | 0 | 1 | 2 | | | | |
| Other(s) – Specify: _____ | 0 | 1 | 2 | | | | |